



**COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL**

Tobacco Enforcement Section
15th Floor Strawberry Square
Harrisburg, PA 17120
Phone: (717) 783-1794

www.attorneygeneral.gov/ppd/tobacco/index

**PENNSYLVANIA TOBACCO PRODUCT
MANUFACTURER CERTIFICATION FORM**

Every tobacco product manufacturer whose brands are sold in Pennsylvania must complete this form. **Participating Manufacturers** (“PMs”) should complete parts 1, 2A, 2C & 5. **Non-Participating Manufacturers** (“NPMs”) should complete the entire form *except* 2A.

Complete all applicable fields or indicate N/A. DO NOT LEAVE ANY FIELDS BLANK.

Please review instructions (available on our website) for further information.

PART 1: Tobacco Product Manufacturer Identification

Company Name			
Address			
City	State	Zip Code	Country
Telephone Number		Fax Number	
Email Address		Web Address	
Factory addresses and names of plant managers			

If multiple locations are used, on a separate sheet list which brands are manufactured at each facility.

This form is (check one):

- _____ Initial Certification (Manufacturer who has not previously sold in Pennsylvania)
- _____ Annual Certification (due April 30, 2005 for Pennsylvania sales in 2004)
- _____ Supplemental Certification (changes to information on previously submitted forms)
- _____ Quarterly Certification (Manufacturers required to file each quarter)

PART 2: Brand Family Identification (attach additional sheets if necessary)

Section A. Participating Manufacturer Brands

List your brand families in the following table:

Brand Families	Brand Families	Brand Families

Please provide sample packages (remove cigarettes) or color photos showing all sides of the packs for the brand families identified. Submit new packages or color photos each time you change your packaging or add new brand styles.

Section B. Non-Participating Manufacturer Brands

Complete the following tables with information on your 2004 sales and your current year sales.

2004 SALES (January 01-December 31, 2004)

List your brand families, importer (if applicable), distributors and the number of sticks that were sold into Pennsylvania in 2004. Use one line for each distributor. If you were not the sole manufacturer of a brand family, on a separate sheet provide the name & address of every other manufacturer and the dates of manufacture by each manufacturer.

Brand Family¹	Importer	PA Licensed Distributors	Units Sold to each Distributor
<i>Total Units Sold</i>			

¹. Indicate with an asterisk (*) any brands previously sold that are not being sold in the current year.

CURRENT SALES

List your brand families currently sold in Pennsylvania. If you are not the sole manufacturer of the brand family, on a separate sheet provide the name & address of every other manufacturer and the dates of manufacture by each manufacturer.

Brand Family	Importer	PA Licensed Distributors	Units Sold to each Distributor ¹
Total Units Sold			

1. Indicate number of sticks sold in most recent calendar quarter

Please provide sample packages (remove cigarettes) or color photos showing all sides of the packs for the brand families identified. Submit new packages or color photos each time you change your packaging or add new brand styles.

If you are not the trademark holder of any of the brand families, provide the name, address and phone number of the trademark holder on a separate sheet of paper.

Section C. Additional Brands To Be Certified

(Participating and Non-Participating Manufacturers)

List brand families not previously sold in Pennsylvania that you would like to have added to the Directory. If you are not the sole manufacturer of the brand family, on a separate sheet provide the name & address of every other manufacturer and the dates of manufacture by each manufacturer.

Brand Family	Importer	PA Licensed Distributors

Please provide sample packages (remove cigarettes) or color photos showing all sides of the packs for the brand families identified. Submit new packages or color photos each time you change your packaging or add new brand styles.

PART 3: Residency Status (NPMs Only)

The undersigned certifies that the above-named Tobacco Product Manufacturer (check one):

_____ is resident in the Commonwealth of Pennsylvania.

_____ has appointed a registered agent for service of process in the Commonwealth of Pennsylvania.

If you have a registered agent, fill in the following table:

Resident Agent/Company Name		Date of Appointment	
Address		City	State Zip Code
Telephone Number		Fax Number	

You must attach proof of the appointment and availability of the agent.

PART 4: Escrow Account Information (NPMs Only)

If not previously provided, attach a fully executed copy of the current Qualified Escrow Agreement and any amendments or attachments.

Section A. Qualified Escrow Fund - Financial Institution

Name of Institution	
Address	City State Zip Code
Authorized Representative Name/Title	
Telephone Number	Fax Number
Email Address	
Escrow Account Number	Pennsylvania Sub-Account Number (if applicable)

Section B. Escrow Fund Deposit/Withdrawal History for Pennsylvania

Provide the escrow deposit/withdrawal history. Attach proof of the current balance of the escrow account as provided by the escrow agent and proof of the date of the most recent deposit.

Date	Deposit	Withdrawal*	Balance
	Total:	Total:	Total:

**Any withdrawals must comply with 35 P.S. §5674.*

PART 5: Execution by Corporate Officer or Director

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including but not limited to any accompanying statements or attachments herewith, are true, correct, accurate and complete and that I am a person authorized to bind the Tobacco Product Manufacturer making this Certification either under the laws of the Commonwealth of Pennsylvania or of the jurisdiction where the manufacturer resides or is organized.

I understand that any violation of the requirements of the Tobacco Product Manufacturer Directory Act or the Tobacco Settlement Agreement Act of 2000 is a basis for removal of the manufacturer's Brand Families from the Commonwealth's Directory of Approved Brands.

I hereby certify under penalty of perjury that the Tobacco Product Manufacturer identified in Part 1 is (check one)

_____ - a Participating Manufacturer under the Master Settlement Agreement.

_____ - a Non-participating manufacturer in full compliance with the Tobacco Settlement Agreement Act that is resident in the Commonwealth (or has appointed a registered agent for service of process), that has established and continuously maintains a qualified escrow fund, and that has executed a qualified escrow agreement approved by the Attorney General.

Signature of Officer or Director: _____ Date: _____

Print Name: _____ Title: _____

Complete this certification form and mail to the following address. Facsimiles will not be accepted:

Commonwealth of Pennsylvania
Office of Attorney General
Tobacco Enforcement Section
15th Floor Strawberry Square
Harrisburg, PA 17120

Acceptance of this certification by the Commonwealth does not waive any rights to enforce the provisions of the Tobacco Settlement Agreement Act (TSAA), 35 P.S. § 5671 et seq.